

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

19806

5350

Registration District No. 818

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County.....
(b) City or town..... St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 5900 Nina Place
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community..... Life (Specify whether years, months or days)

3. (a) PRINT FULL NAME..... MINNIE LINDENSCHMIT

3. (b) If veteran, name war..... No 3. (c) Social Security No..... None

4. Sex..... Female 5. Color or race..... White 6. (a) Single, widowed, married, divorced..... Widow
6. (b) Name of husband or wife..... Charles Lindenschmit 6. (c) Age of husband or wife if alive..... dec. years
7. Birth date of deceased..... 8 11 1859
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
83 10 0 hr. min.

9. Birthplace..... St. Louis
(City, town, or county) (State or foreign country)

10. Usual occupation..... At Home

11. Industry or business.....

12. Name..... Henry Breidenbach

13. Birthplace..... Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name..... Wilhelmina

15. Birthplace..... Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant..... Julia Lindenschmit

(b) Address..... 5900 Nina Place

17. (a) Burial (b) Date thereof..... 6-14-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... Bellefontaine Cemetery

18. (a) Signature of funeral director..... Alexander

(b) Address..... 6175 Delmar Blvd.

19. (a) JUN 11 1943 (b) J. Bredek
(Date received local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County.....
(c) City or town..... St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No..... 5900 Nina Place
(If rural, give location)
(e) Citizen of foreign country?..... NO (Yes or No)
If yes, name country..... 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... June day..... 11
year..... 1943 hour..... 5 minute..... 30 M.

21. I hereby certify that I attended the deceased from.....
June 1943 to June 11 1943
that I last saw h. er alive on June 11 1943
and that death occurred on the date and hour stated above.

Immediate cause of death..... Chronic myocarditis Duration 3 years

Due to Mitral Regurgitation 5 years

Due to Chronic Spokecarditis 2 years
non-calculous

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy.....

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....
(b) Date of occurrence.....
(c) Where did injury occur?.....
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?..... (Specify type of place) (e) Means of injury.....

23. Signature..... Charles W. Culshaw (M. D. or other)
Address..... 57183 Cabanne ave Date signed..... 6/11/43

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed James E. McCulloch
.....
Licensed Embalmer No. 2460
.....
P. O. Address 6175 Pellmar
.....

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING** (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.